

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>11-11</i>	FILING DATE		
						APPLICANTS			
						CLAIMS			
AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	IND.	IND.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.		1							
TOTAL DEP.									
TOTAL CLAIMS									